New England Deaconess Hospital

pulse

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Permanent dialysis:
A lifelong struggle to separate one's identity from a machine and illness

(This is the second of a three-part series of NEDH renal services)

Living with a permanent and complicated health condition is not an unusual experience for the majority of Deaconess patients who have kidney failure. Most of them also have diabetes which was diagnosed in their childhood or teenage years. These patients, their spouses and other family members, learned how to manage diabetes as medical terminology, and hospital environments became part of their regular routines.*

But no amount of preparation can blunt the impact of realizing that kidney (renal) failure is imminent, and that life-saving dialysis treatments must begin. A sense of loss is experienced by patients, whether it be faith in their bodies, the loss of a job, a changed role within a family, or abandonment by friends and family members who cannot cope with chronic (permanent) illness.

Losses can bring gains in other ways — a deeper appreciation and more time for spouse and family, and the personal development of the physical and mental strength needed to continue dialysis treatments and to create an identity separate from a machine and illness.

"The thought that you are dependent on a machine can be devastating. You have to accept the machine as part of your life, but not let it rule you."
— "Sean Roberts"
Dialysis Patient

*Words appearing with an asterisk are defined in a glossary on page 2.

Sandy Pandolfo, 37, came to the Deaconess weighing 93 lbs. and feeling exhausted after undergoing almost 100 hospital admissions over the past year due to her intolerance of dialysis* treatment. Although she still suffers from hemodialysis side-effects, Pandolfo has gained weight and feels "100% better." She helps prepare other patients to "go on" the artificial kidney machines*, and spends time visiting them as well. Pandolfo had tried to go to an outpatient center for treatment, but found that it did not work for her, physically or emotionally. "I did not receive total care there," Pandolfo recalled. "Forty-five patients were dialyzed at a time, and the staff was under a lot of pressure, so I was afraid they would make a mistake with me."

The attempts to control high dialysis costs (see accompanying feature story) have led to the growth of independent kidney centers and hospital-based hometraining programs. Dr. David C. Yoburn, NEDH/Joslin Diabetes Center (JDC) renal specialist, said that the Deaconess hometraining program is successful, "because of a great deal of effort on everyone's part — our orientation is to help patients live as independently as possible."

People like Robert Sheahan appreciate the fact that NEDH and JDC emphasize education and training to enable people to care for themselves. "I find that the staff here is better attuned to small problems, giving them rigorous attention so that they remain small," said Sheahan, who has diabetes and does dialysis at home. "I am treated as a person who has diabetes and an eye problem, not as a diabetic with an eye problem. There is a difference."

Kathleen Wright, RN, former head of the NEDH home training program, and her successor, Karen McKenzie, RN, have trained 30 patients and their families over the past 18 months. All

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Deaconess employees give over $45,000 to United Way

During the Deaconess 1982 United Way campaign, "key-person" L. Susan Conway (l), medical record services director, and Lonnie Rhinehart, personnel, provided information on the United Way for Katinka Reardon, nutrition metabolism laboratory, and Lawrence Hunt, personnel, at the information table in the Farr Lobby (see story on page 3).

Season's Greetings

"During this season which celebrates the spirit of giving and sharing,

I would like to express sincere appreciation to all members of the Deaconess community for their generous dedication to our hospital and the needs of its patients during the past twelve months.

Warmest wishes to you all for a happy and healthy new year. May all your seasons be joyous!"

Laurens MacLure
President

Annual medical staff meeting focuses on Chapter 372

The rules for reimbursement and payment have changed dramatically in Massachusetts under Chapter 372, a new, three-year prospective payment system, which forces hospitals to drastically reduce their budgets. The only way hospitals are going to be able to stay in business is by working closely with their medical staffs to reduce costs and overutilization — this was the recurring theme emphasized by three guest speakers at the 1982 annual meeting of the Deaconess medical staff on October 28, in Joslin Auditorium.

Hospitals will have to work under the Maximum Allowable Cost (MAC) system, said David Kinzer, president of the Massachusetts Hospital Association (MHA). In the new prospective system (versus the previous retrospective system), hospitals will be paid a prespecified amount per service. If a hospital can keep costs under the MAC, they can keep the monetary difference and spend it as they wish, explained Kinzer. But, he added, if the hospital spends more than is allowed, the hospital loses money.

"There is no avoiding the fact," said Kinzer, "that hospitals cannot control their utilization or use of ancillary services unless physicians work with them and have incentives to do so."

During the first year under Chapter 372, hospitals will be cutting back "around the edges," ventured Kinzer. By the second year, however, hospitals will be scrutinizing their range of services — what do they do best versus what somebody else does best. Multi-institutional systems will be developed, predicted Kinzer, and residency programs will be reduced or shared.

"Physicians have got to realize that there are no more dollars for health care," continued Thomas Peebles, MD, from Massachusetts General Hospital, chairman of the physicians advisory council of the MHA and chairman and chief executive officer of Multi-Group Health Plan, Inc. "Physicians who were taught to take care of patients no matter what the cost, are going to have to learn about cost control and get involved with their hospitals . . . to participate with administrators in seeing that the quality care that we have had in this system of health care in the United States is maintained," he concluded.

The third guest speaker, Dr. F. Langdon Burwell, from Falmouth Hospital, said that "we spent $287 billion on health care last year — 9.8% of the gross national product. We need a system which tries to give the highest quality care in the most cost-effective manner."

Director of the American Association for Foundations for Health Care and a member of the policy advisory committee of the Joint Commission on Accreditation of Hospitals, Dr. Burwell believes that competitive health care plans will help reduce costs because consumers can choose where they go for medical care.

According to a recent MHA report, changes in consumer choices for health care already are occurring in Massachusetts, Dr. Burwell pointed out. During the first seven months of 1982, stated the report, Health Maintenance Organization (HMO) enrollment grew by 20%, and independent physician associations (IPAs) grew 60% on an annualized basis.

The increase in HMO enrollment is particularly significant to NEDH, explained Dr. Burwell, because at the moment if an HMO client chooses to go outside the HMO area for treatment, the HMO does not pay for that care. Dr. Burwell suggested that in the future, prepaid health care plans will establish a compromise payment plan with referral hospitals outside of their areas, and even shop around for expensive procedures (such as cardiac surgery).

It will be very important, said Dr. Burwell, for tertiary hospitals, such as NEDH, to keep costs down and strengthen relationships with referring communities and prepaid plans.

"We have to integrate quality of care with cost of care," remarked Dr. Burwell. "We've got to think much more about accessibility, about the appropriateness of care and where we are spending limited dollars. This is the world we are all going to live in for the next decade," he concluded.

News in Brief

All 38, June 1982 graduates of the **NEDH School of Nursing** (SON) passed the State Board Test Pool Examination for registered nurse licensure. The success rate for diploma nursing schools throughout Massachusetts was 98 percent. Twenty-five of the 1982 SON graduates have joined the Deaconess nursing staff.

Several members of the medical and laboratory staff presented papers at the 22nd Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) held in Miami Beach from October 4 to 6. (Antimicrobial agents destroy or suppress growth of Microorganisms.)

Department of Medicine Chairman **Robert C. Moellering Jr., MD,** served as chairman of the ICAAC Committee that hosted 5,000 clinicians, biochemists, microbiologists, pathologists, pharmacologists and technicians. During a session on endocarditis (inflammation of the heart cavity lining), **Dr. Bruce Farber,** former Deaconess fellow in infectious disease spoke on resistance of a group of bacteria, viridans streptococci, to the antibiotics streptomycin and penicillin.

Dr. George Eliopoulos, infectious disease, presented a paper on *in vitro* (test tube) activity of sultamicillin in comparison with other oral antibiotics, which was coauthored by **Amelie Gardella,** technologist, and Dr. Moellering. **Dr. Adolf W. Karchmer,** chief of the NEDH Infectious Disease Section, contributed a paper with Medical College of Virginia colleagues on the analysis of patterns of plasmid (a special kind of DNA) to help in the investigation of staphylococcus epidermidis infections. During the session on adverse effects of antimicrobial agents, Drs. Farber and Moellering contributed a paper on the toxicity of the antibiotic vancomycin, a study of 100 treatment courses.

Dr. Moellering has been appointed editor of **Antimicrobial Agents and Chemotherapy** for a five-year term. His primary responsibilities to the journal will be for manuscripts concerned with clinical evaluations of both newly developed, and relatively well-established, chemotherapeutic agents.

Melvin E. Clouse, MD, chief of the department of diagnostic radiology and **Jacob J. Lokich,** chief of the medical oncology section, presented a paper on percutaneous (through the skin) infusion techniques for liver cancer at the 13th International Cancer Congress held in Seattle.

The findings of their pilot study, which was conducted at the Deaconess, suggest that continuous intravenous (within the vein) infusion is as effective as intra-arterial infusion in patients with liver cancer, but it can be performed in 100 percent of patients with fewer complications.

Drs. Clouse, Lokich, **Edward Duszlak,** former CT scan/ultrasound fellow, **Robert Lees,** nuclear medicine fellow, and **Phillips Costello,** head of the CT scan section, coauthored a second paper on blocking off arteries that feed liver tumors (both primary and secondary), essentially eliminating nourishment to the tumor to reduce or kill the tumors. The congress was attended by more than 8,000 researchers.

The Deaconess has received a three-year certificate of approval from the **Commission on Cancer of the American College of Surgeons.** The college's approvals program was established in 1956 to encourage the best in cancer therapy and discussion of the disease among all medical/oncology disciplines. Approval also requires a well-functioning tumor registry.

A paper on "Optimizing Spontaneous Intake: A Challenge for the Hospital Food Service," which used the dietetics department as a prototype, and was presented by **Dr. George L. Blackburn** at the 1981 Hospital Patient Feeding Systems Symposium, in Minneapolis, has been published in the proceedings of the symposium by the National Academy Press, Washington, D.C.

Contributing authors to the paper were **Joyce B. Tower,** director of dietetics; **Joanne E. Wade,** assistant director of education and director of the dietetic internship program; **Nathaniel G. Clark,** clinical dietitian/hyperalimentation; **Irene Borghi,** coordinator of training and quality assurance.

Robert S. Lees, MD, chief of the peripheral vascular diseases section, chaired a seminar on "Evaluation of Carotid Occlusive Disease by Bruit and Ultrasound Analysis" as part of a three-day program on new approaches in cardiovascular diagnosis sponsored by ATL Seminars at the Deaconess.

"Basics for Ostomy Nursing Care" was the title of a recent symposium sponsored by the **NEDH Nursing Service,** Staff Education, and held in the Joslin Auditorium. Fifty-six nurses from Harvard-affiliated and outlying hospitals attended lectures on the physical and emotional aspects of ostomy surgery.

Suzanne D. Holloran, RN, nursing staff education coordinator, presented a paper on "Teaching a Computerized Patient Information System: State of the Art," during a session on computer literacy in nursing at the Sixth Annual Symposium on Computer Applications in Medical Care in Washington, D.C., on November 1.

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NEDH presents course in hyperalimentation

The Deaconess recently hosted 135 physicians, nurses, pharmacists and dietitians from the United States and Canada for a course on hyperalimentation. Taught in cooperation with the Harvard Medical School's Department of Continuing Education, "Advances in Hyperalimentation: A Practical Approach," emphasized basic aspects of diagnosis and treatment of malnutrition in the hospitalized patient.

Hyperalimentation specialists from the Deaconess and other Boston hospitals and academic institutions focused on the logistical, technical and practical day-to-day considerations in the design and delivery of optimal nutritional support.

The three-day course was directed by NEDH physicians George L. Blackburn, MD, director, nutrition support service; Albert Bothe Jr., MD, assistant director, nutrition support service; Bruce R. Bistrian, MD, codirector, nutrition support service; Peter N. Benotti, MD, associate director of the intensive care unit. An advanced course on hyperalimentation will be offered in spring 1983.

Natalie Tompkins:
A very special Deaconess person

Natalie Tompkins exemplifies the human dimension of the Deaconess Hospital, a commitment to the tradition of personal, quality patient care delivered in a "family" atmosphere. So begins the NEDH 1982 Annual Report, in which Natalie is featured as a special "Deaconess person," — a tribute to her 50 years of service to the hospital.

The first issue of the annual report was given to Natalie by President Laurens MacLure at a formal presentation on January 11, which also was attended by Director Richard E. Lee, Personnel Director John J. Kilkelly, Surgical Services Director Margaret A. Burns, RN, and Central Processing Department Supervisor George Carrington.

The Deaconess began celebrating Natalie's "real" 50th anniversary date of November 15, 1982 a few days early by "rolling out the red carpet" for her on November 12. Instead of following her regular routine of walking to work, Natalie was driven to the Deaconess by NEDH employee Stanley Paxton in an official hospital vehicle. At the "front" door, Natalie was presented with roses and greeted by hospital administrators, coworkers and well-wishers. Margaret Burns and George Carrington joined Natalie in a ribbon-cutting ceremony which symbolically commemorated the 17,000th time she has entered the Deaconess to begin another work day. Later in the morning, friends and coworkers gathered in the surgical services department to congratulate Natalie and to enjoy refreshments.

On November 15, the Deaconess publicly saluted Natalie on her golden anniversary through a Farr Lobby display highlighting her years at the hospital, designed by Paul Ciccotelli, training department. The dietetics department observed the event by preparing a special menu in her honor.

Natalie received special recognition from outside the hospital as well — a congratulatory citation from U.S. House Speaker Thomas P. "Tip" O'Neill Jr. and proclamations by Massachusetts Governor Edward J. King and Boston Mayor Kevin H. White declaring November 15 and November 12, respectively, as "Natalie Tompkins Day," statewide and citywide. But, perhaps the recognition most appreciated came from her own friends and colleagues in the surgical services department.

"I have known Nat for 30 years, and if I was going to be here for 50 years, I would like to possess the even disposition and pleasant manner that Nat has portrayed over all these years through many, many changes, and some trying times," said Margaret Burns.

George Carrington may have summed up the celebration best. "When I think of Nat," he said, "what comes to mind is the Deaconess Hospital."

Natalie's coworkers and friends on Farr 5 surprised her with a party in her honor on November 12. Congratulating Natalie on her 50th anniversary at the Deaconess were (l-r): George E. Carrington, supervisor, central processing department; Thomas McLaughlin, Michael Yasner, central processing aides; Margaret A. Burns, director of surgical services.

Natalie Tompkins accepts the first NEDH 1982 Annual Report from President Laurens MacLure.

New computer system improves communication of patient information

Implementation of the new computer network, which began operation last July, is overseen by the ODISY Project Development Team, comprised of representatives from departments utilizing the system in its early stages. The team's responsibility includes coordinating training sessions for employees who use the system, many of whom had no background in computer operation.

Farr 7 Unit Secretaries Patty Marcott and Becky Rolke did not expect to be regarded as computer experts a year ago when their unit was selected to become the ODISY "trial" floor. Neither one had previous experience with computers, but they found the system to be "self-explanatory."

"It is amazing how fast you can get into ODISY," Marcott said. "When I went to cover other floors, I was lost without it." Soon, Marcott and Rolke will be able to find ODISY throughout the hospital — Farr 10 will go "on-line" in January, and certain ancillary services such as IV therapy, pulmonary, respiratory therapy and the electroneurodiagnostic unit are planning to join ODISY in the near future.

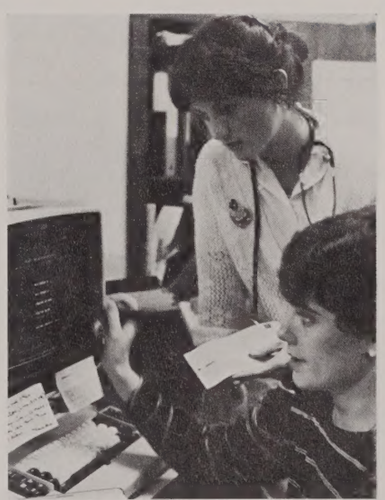
Despite the time and patience it takes to make such a major transition from manual to computerized functions, personnel using ODISY have noted some immediate benefits. Unit secretaries agree that although their overall workload has not been reduced, the time they previously spent in tracing requisitions, making phone calls and deciphering handwritten messages, is now spent in transmitting more detailed patient information via the computer. "By providing more detailed information to ancillary departments, we will be helping to deliver better patient care," Rolke observed.

ODISY, or the On-Line Deaconess Information System, is a new, computerized patient information network which presently links several nursing stations with certain ancillary services and departments.

The system currently transmits pertinent patient care information between the Farr 7, 8 and 9 nursing stations and the dietary, electrocardiography, physical therapy, laboratory and radiology departments.

ODISY's purpose, according to Associate Director Peter Campisano, is to free hospital personnel from an overabundance of paperwork and telephone calls, enabling them to spend more time in providing direct patient care.

"ODISY is a comprehensive, economical, computerized order-entry/result reporting system which can be used easily by Deaconess personnel," said Campisano. "ODISY has proven its flexibility in adapting to the specific needs of each department, while coordinating the overall flow of information rapidly and accurately between ancillary services and departments involved in patient care," he said.



Unit Secretary Patty Marcott (r) and Helen F. Bailey, RN, review orders entered into ODISY from the Farr 7 nursing station.

The system consists of terminals (cathode ray tubes, or CRTs) with keyboards and printers connected to a central processing unit. To enter most information into ODISY, employees select items from prepared lists by touching a "light" pen to the CRT screen. When orders and test results are entered, they are immediately available to Deaconess personnel who need this information to facilitate patient care.

United Way exceeds goal at NEDH

Deaconess employees contributed $45,131 to the United Way this year, exceeding the hospital's goal by more than $10,000, and topping last year's contributions by $14,000. During October and November, more than 1,200 employees chose to support the organization's 172-member community agencies throughout the Massachusetts Bay area. Susan Conway, director of medical record services, served as "key-person" during this year's campaign, and Marge Wiggins, RN, assistant coordinator of nursing practice, was "key-person elect."

"It is a credit to the campaign leaders and the dozens of team captains and department solicitors, who volunteered their time in distributing and collecting pledge cards, that we have attained a new hospital record for contributions to the United Way fund," complimented President Laurens MacLure.

Contributors of $13 per year or more were eligible for drawings for a free, floating holiday. Director Richard E. Lee picked the winners on October 15 and 22. Winners of the drawings were: Martin Kane and Beverley Foley, surgical services; Sandra Rudzitis, Donna Linger, Michelle Calder and Diane Sokolowski, nursing service; Yvette Twohig, School of Nursing; Arlisha Johnson, intensive care unit; Jose Silva and Patricia Darby, building services.

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Renal *(continued from page 1)*

three methods of dialysis — intermittent peritoneal (PD), hemodialysis and continuous ambulatory peritoneal dialysis (CAPD) can be done at home (see photos, page 4). The PD techniques do not require a partner if the patient's eyesight and dexterity are good. After a few weeks of training at NEDH, McKenzie makes arrangements with a company to deliver supplies and equipment directly to the patient's home each month.

Marilyn Hoff, 27, and her husband, Bill, currently are learning home hemodialysis. They were married six weeks after Marilyn began dialysis. While the Hoffs take hometraining in stride, they did fear that marriage would jeopardize Marilyn's health benefits, so they sought the assistance of Renal Social Worker Suzanne Piening in clarifying the situation. Piening is concerned with the social aspects of illness, the effect it has on a person's environment and the way that person approaches life. "You can't have the same prescription for everyone," explained Piening. "I can't walk in and say, 'I want to help you go back to work.' That might not be a goal for them. For Marilyn and Bill, getting married was their priority."

Robert Sheahan's desire to continue his job in an audio-visual center was the major reason he selected CAPD as his treatment. Sheahan is able to dialyze while at work — all he needs is a well-lighted and isolated area, a table and a chair. CAPD is done four times daily by pouring a solution into the abdominal cavity through a tube, then, 4 to 8 hours later, draining out the solution which carries the waste products away. Sheahan finds that CAPD allows him a more liberal diet, the ability to travel easily, better control of his blood sugar levels and, psychologically, he likes the idea that he is undergoing a "continuous, gentle form of treatment." Divorced, with three sons ages 5 to 10, Sheahan brought his oldest son into the NEDH dialysis unit for a tour so he would not be frightened of his father's illness. Sheahan is disturbed by a general misunderstanding among laypeople of what it means to have diabetes and renal disease, a frustration echoed by the staff members who care for him.

For example, at one company, a man with 12 years of experience was given the choice of leaving or taking another job at half his salary because his dialysis schedule interfered with his work hours. Shortly before, the man had been featured in the company's publication, citing his ability to continue working while coping with diabetes and renal disease. The incident underscores the NEDH renal team's philosophy of educating patients and family members who, in turn, are encouraged to help others understand how the diseases can affect an individual, and why it is so vital for all of these individuals to regain control over their lives.

Sean Roberts (not his real name) did not let diabetes interfere with an active life of scuba diving, autoracing and skiing, as well as a demanding job and college studies. By age 27, however, hypertension led to a decline in his health and to the failure of his kidneys five years ago. He began hemodialysis at a community hospital, but was disturbed by the lack of physician and nursing involvement in his care. Finally, when one after another of his ribs began to break, Roberts consulted a doctor who told him that dialysis removes calcium from the body, resulting in fragile bones. Roberts needed calcium supplements to compensate for this loss. In frustration, he went to the JDC, deciding that he would give up if they could not relieve his pain. After two weeks of medical attention, Roberts' health improved and he returned home. "But, when I returned to my local dialysis unit, I found that the atmosphere was so totally alien to what the Deaconess and Joslin were all about — no one explained anything to you." Seven days after returning home, Roberts began to commute to NEDH to learn CAPD — "the best thing I ever did."

Roberts, now 37, sails all summer and currently is building a powered hang-glider so he can fulfill his desire to fly. Although he feels better physically than he has in years, Roberts has trouble accepting his situation. " 'What have I done to deserve this misery?' I ask myself. It is unfair. I see kids on drugs and I think, 'What a waste.' What I wouldn't give to have a good body," he said. Roberts' family support is limited. He is separated from his wife of a few months. They had been friends for five years, but "she could not accept the fact that I will not have a quantity of life," said Roberts. "I live each day as it comes. I enjoy the small things in life."

People receiving dialysis have an ongoing relationship with the hospital, unlike patients who return home after a surgical procedure. Providing long-term, sophisticated care for people with complex diseases has its rewards for renal team members, but they know their job satisfaction will come in small doses. "Gratification from my work comes when I see my patients get better one step at a time," said June Lee, RN, head nurse in the peritoneal unit. "I don't expect them to make a total change overnight because they won't. When you first get out of nursing school, you expect to be a major factor in how a patient does in the

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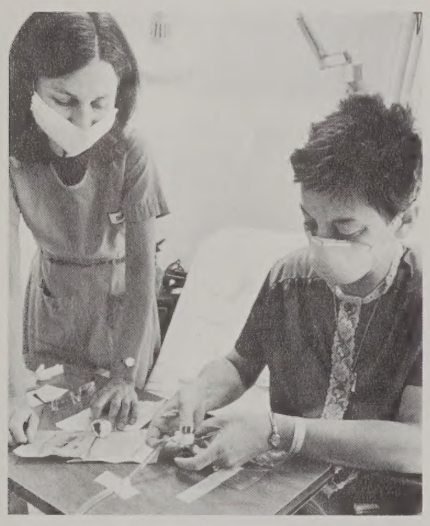


Kathleen Wright (l), RN, instructs Shelia Chalmers (inset photo) on the sterile techniques required for intermittant peritoneal dialysis. Two types of dialysis may be done at home — intermittant peritoneal dialysis, as illustrated in these photos, must be done three times a week, for ten hours per session. Most patients choose to dialyze at night, as they sleep. Continuous ambulatory peritoneal dialysis (CAPD), which is done four times daily, involves pouring a solution into the abdominal cavity via a catheter, then, four to eight hours later, draining out the solution which carries the waste products. CAPD is a popular choice for people who have jobs outside of their homes, or who do a lot of travelling.

Glossary

"Artificial kidneys": Refers not to organ replacements, but to dialysis machines, which were first used in animal studies beginning in 1913. With the application of a dialyzing membrane (cellophane) and a drug to prevent blood clotting (heparin), dialysis machines became the first effective substitute for a human organ in the 1940s when they were used to treat renal failure patients. Since access sites to blood vessels were limited, dialysis usually was restricted to people with temporary renal failure. With the development of an arteriovenous shunt in the early 1960s, dialysis became a viable form of treatment for people with permanent renal failure, since the shunt allowed repeated access to blood vessels.

Diabetes Mellitus: A disorder of the body's metabolism, involving insufficient production of insulin (a hormone) by the pancreas. As a result, sugars and starches are not properly processed by the body. Instead, the body breaks down fat and muscle to use as a substitute energy source. The sugars and starches accumulate in the blood, causing a person to feel weak, lose weight, and to urinate, drink and eat excessively. Diabetes cannot be cured, but it is manageable through dietary control, medication and/or injections of insulin.

Dialysis: The process of separating two solutions by a porous membrane. The basic principle and structure of artificial kidney machines have not changed over the years. Within the hemodialysis machine, a cellophane sheet divides two compartments — one containing blood from the patient, the other a cleansing fluid called dialysate. The cellophane — a semi-permeable membrane — permits movement of microscopic waste products and excess fluids from the blood to the dialysate, which is drained from the machine. In peritoneal dialysis (PD), the patient's abdominal covering (peritoneum) is used as the dialyzing membrane, and the dialysate is flushed into the abdominal cavity and removed through a catheter (tube).

As people on dialysis survived longer, new probems were experienced — fragile bones, infections, metabolic imbalances, depression. In just over the past few years, machine refinements have allowed for more precise tailoring of dialysate contents and machine fuctioning to suit individual patients, thus minimizing these possible treatment side-effects. People with diabetes who undergo continuous ambulatory peritoneal dialysis (CAPD) place their daily insulin requirements into the dialysate, thus avoiding injections and improving blood sugar control in many cases.

'Helping people to live with just one change in their lives can be very rewarding . . .'

Diane Paine, RN

hospital. You are. But with renal failure, you know it's going to be a hard road for the patient."

"Some days you look up and down the row of beds and wonder, 'what are we doing to these people', said Diane Paine, head nurse in the hemodialysis unit. "It's like we are making them stay on dialysis, but we're not. They always have the choice of not continuing." Professional satisfaction for Paine also can come in small ways. "One man who had always been a complainer, wanting to come off the machine early or change his schedule at the last minute, sent a note to us at Christmas time," remembered Paine. "The note said, 'you make the place no one wants to come to a better place to be.' Just a simple note, but it makes you feel that you are doing something right."

With such long-term relationships, it is difficult for the renal team to keep a profesional distance — many times the patients become like family. When the situation becomes too intense, renal team members turn to each other for advice and moral support. Several times a month, the team's social worker, chaplain and psychiatrist meet with the entire renal team to discuss various aspects of a patient's care. It is a welcome opportunity for all team members to relieve their stress and seek solutions to their situation.

"Friends and family say 'how can you work with patients like that?' My father knew one of the patients and said, 'oh, he's so sick'. My reply was, 'he's not sick; he's on dialysis. He works and travels.' But people on the outside see him as being real sick. We don't see them that way."

— Dialysis Nurse

Admiration, not pity, for the people they care for is evident in discussions with any renal team member. Chaplain Raymond Anderson said that, "It is amazing what people can cope with. People on dialysis do have a choice. They choose to live. Where they go from there, no matter what, they are making choices, finding reasons to continue."

For Marilyn and Bill Hoff, the motivation comes from planning a future together — For Sandy Pandolfo, the hope for new medical developments — For Robert Sheahan, his sons and his job. And for Sean Roberts, the dream of being able to fly.

Next issue of PULSE:
NEDH Renal Transplant Service

Controlling the cost of dialysis

The Deaconess will continue its peritoneal, hemodialysis and home-training dialysis programs according to Associate Director David F. Lilley, "not that the Deaconess ever considered eliminating the service," he explained. "But the reassurance is necessary, since patients read in the newspapers about the controversy involving possible decreases in Medicare funding for dialysis treatment, and they feel very threatened," Lilley observed. "They wonder how funding changes will affect the hospital, and they fear they will not be able to get dialysis treatment."

Peritoneal dialysis supplies needed to dialyze a patient at home for less than four weeks.

With nationwide budget cuts in social services, and tighter legislative and regulatory restrictions on the hospital industry in Massachusetts, all high-budgeted health care programs have undergone close scrutiny. An example of a well-intended social program whose budget has skyrocketed over the years is the Medicare-funded End-Stage Renal Disease (ESRD) program.

When the ESRD program was established by Congress in 1973, just over 10,000 patients received dialysis in the United States. Now, nearly 70,000 individuals undergo this treatmnent at a cost of about $30,000 a year for each person. By 1984, according to recent studies, the government's tab will be $3 billion — three times its present expenditure. Why is ESRD the only federal program which fully finances a disease-specific service?

"In the early 1970s, the cost of receiving dialysis was so high that it was viewed as a catastrophic illness affecting a small segment of the population," Lilley commented. "No one in this country was willing to make the decision to deny funding since it meant death for anyone who could not afford treatment. Other countries, such as Great Britain, elected not to provide government funding for dialysis patients," he pointed out.

With advances in technology, people lived longer on dialysis, and older people and those with medical complications were able to benefit from the treatment. Today, virtually all renal failure patients in the United States are eligible to receive Medicare funding for dialysis treatment.

In an effort to halt the escalating costs of funding treatment, the Health Care Financing Administration (HCFA), the federal agency which regulates the ESRD program, recently issued new reimbursement rates for the 649 hospital-based and 405 independent, or "free-standing," dialysis centers in the United States. The readjustment was an attempt to encourage more patients to do less expensive homedialysis, and to prompt hospitals and independent centers to become more cost-efficient in their operations.

Although most health care providers agree that the ESRD program can be modified without denying services to anyone, the rates were viewed by providers as unrealistic, since they were below the present reimbursement rates, and divided dialysis patients into only two categories without consideration for medically complicated conditions. "Over 2,100 letters from physicians, patients and hospital and dialysis center administrators poured into HCFA," said Lilley. "The response was not just emotional. Every group affected by this problem saw significant difficulties with the new rates and what they meant in terms of quality care and access to services. They offered solid, objective criticism to the new rate structure."

In the Boston area, the Deaconess

Catherine Green, RN, prepares a dialysis solution.

and several other teaching hospitals prepared a joint proposal for identifying and reimbursing facilities caring for medically "unstable" chronic patients receiving renal dialysis.

The proposed HCFA rates were set simply for either acute (short-term) or chronic (permanent) dialysis treatments. No distinction was made between medically "stable" and "unstable" patients within the chronic category. "Stable" patients have few, if any, complications besides their renal failure. These people may be ex-

(continued on page 7)

Ceremony honors employees for their service to NEDH

Director Richard E. Lee (l) and President Laurens MacLure (r) congratulate Margaret A. Burns, director, surgical services (30 yrs.); Merle A. Legg, MD, director, department of pathology (25 yrs.); Anne (Nancy) Howard, School of Nursing (25 yrs.). Service award pins were recently presented at a coffee hour held in the Harris Hall Livingroom. Employees who had reached the anniversary date of their 5, 10, 15, 20, 25 or 30th year of service to the hospital were honored.

FIVE-YEAR RECIPIENTS: *(front row, l-r) Linda A. Reid, hyperalimentation; Helen L. Jones, IV therapy; John Danielli, nursing; Frances Hoothay, ambulant dialysis; Jacqueline Lindberg, accounting; (back row, l-r) Katherine M. Lynch, social service; Deborah A. Lawler, surgical services; Sylvia LaRocca, nursing; Leonard S. Lobello, dietary; Calvin L. Harding, diagnostic radiology; William J. Harrison, dietary; Kathleen Lodge, nursing.*

FIVE-YEAR RECIPIENTS: *(front row, l-r) Richard G. Lewis, messenger service; Cynthia M. Dellicolli, Agnes P. Trabucco, chemistry laboratory; Averell M. Richard, control center; Peter A. Picillo, chemistry laboratory; (back row, l-r) Joseph N. Demers, engineering and maintenance; Mary F. Loughran, medical records; Patricia A. Darby, building services; John C. Dabrowski, Jean M. Cady, Eugene J. Licardo, surgical services.*

TEN-YEAR RECIPIENTS: *(front row, l-r) Mary L. Brown, surgical services; Watseka Verbryke, dietary; Lydia A. Kuchun, Barbara E. Nichols, service coordination; (back row, l-r) Peter G. Cataldo, pharmacy; William R. Martin, accounting; Mary M. Downing, department of medicine; Marcia J. Lavery, diagnostic radiology; Helen D. Tripolitis, laundry.*

TEN-YEAR RECIPIENTS: *(front row, l-r) Rhonda J. Crocker, intensive care unit; Marjorie Rogers, nursing; Harley M. Sanders, engineering and maintenance; (back row, l-r) Catherine L. Slocum, service coordination; Marjorie S. Abbott, School of Nursing; Martin E. Cernek, administration.*

FIFTEEN- AND TWENTY-YEAR RECIPIENTS: *(front row, l-r) Freda E. Aldrich, building services (15 yrs.); Martha W. Faulkner (20 yrs.) and Anne L. Hunt (15 yrs.), surgical services; (back row, l-r) Rosalie K. Dionne, surgical services (15 yrs.); Charles B. Roehrig, MD, internal medicine (20 yrs.).*

Alumnae association gathers for 14th annual reunion

Kathy Taussig '78, (l - r) Joy Moody '77 and Shelia Perkins '77, catch up on the news during the alumnae luncheon.

Nearly 150 school of nursing (SON) alumnae attended their 14th annual reunion on October 16. During a morning business meeting at the school, the following alumnae were elected to head the association (photo, l-r): Lois Schulz, director; Lois Preston, director; Susan Koegler, president; Elizabeth Dunbar, assistant treasurer; Beatrice Alfano, director; Priscilla Archibald, treasurer. Not shown: Judith Panos, recording secretary; Martha Pontes, president-elect. NEDH Associate Director and SON Director Ellen D. Howland '42 was guest speaker at the business meeting. The luncheon, held at Valle's Restaurant in Newton, was addressed by NEDH President Laurens MacLure.

Class of '47, (l - r) Jean Dickerson, Elizabeth Poole, Dorothy Wade.

Class of '72, (first row, l - r) Lorraine Fournier, Sandra Pond; (second row, l - r) Jean Coppleman, Abby Holmes, Carol Donavan (Class of '70).

Class of '67, Leslie Hollender(l) and Sarah Tavares.

Class of '37, (first row, l - r) Pulsenia Rowell, Elna Tourtelotta, Evangeline Pugsley (Class of '32); (second row, l - r) Avis Nichols, Ruth Wood, Ellen Heilman, Barbara Wright, Diana Dowd.

Class of '42, (first row, l - r) Janie Chapman, Ellen Howland, Sally Fredette, Priscilla Archibald, Hazel Williams Harris; (second row, l-r) Helen Chase Potthoff, Ruth Preston Case, Emily Riden, Pauline Nott, Thelma Webster Smith, Hallie Pike Strong, Winifred Anderson Carpenter.

Class of '52, (first row, l - r) Barbara Duffy, Phyllis Giardine, Edith Morrinson, Elizabeth Smyth, Elizabeth Belcher, Jean Olson Williamson; (second row, l - r) Mary Zullas, Dorothy Fairweather, Jean Gove, Carol Dell, Phyllis Allen; (third row, l - r) Lois Schulz, Martha Spaulding, Grace Keith, Martha Jorden.

Class of '62, (first row, l - r) Mary Louise McComas, Ginny Alvin Bibler, Susan Barnes, Joanne Foley, Donna Agurkis, Anne Older; (second row, l - r) Mary Quinn, Barbara Brady, Karen Tanaka, Jean Jenkins; (third row, l - r) Janice Bidmead, Pat Bealieu, Bonnie LaFave, Marsha Slayton, Linda Kennedy, Ellen Frey.

Alumnae Notations

Helene Morse Woodworth '16: "I am well cared for at the Grand View Manor home in Berwick, Nova Scotia. I'll never forget the 'good old days' at the Deaconess."

Dorothy Leavit Kohlars '18: "Would love to hear from anyone in my class: 115 South Clementine #603, Oceanside, California 92054."

Florence G. Bostock '23: "I keep active, mostly with church projects, etc."

Lois Waring '33: "My daughter surprised us with an open house on our 35th wedding anniversary."

Eleanor Lundgren Heilman '37: "We celebrated our 38th anniversary in December. We were in Palm Beach Gardens from November to end of April. Expect to see Faye Jerome Willson '38 this winter."

Irja Hill Wilson '43: "This year I started to work part-time with a stroke rehabilitation project for aphasics at Dartmouth Hitchcock Medical Center. Bill and I travel quite a bit, mostly in the United States — our beautiful country."

Janet H. Thomas '43: "Six of us still have a 'round-robin' newsletter going after all these years. Have retired and really enjoy it."

Connie Laine '44: "I'm still enjoying my school nursing."

Virginia Cole Mitchell '45: "Am healthy and happy."

Patricia McConnell '52: "After 12 years working in a doctor's office I am now doing intravenous therapy in a small 128-bed hospital and like it very much."

Astrid Kazanjian '53: "Have started my master's degree in rehabilitation counselling at Boston University. My children: Kenneth, 21, is a corporal in the United States Marine Corp Reserves, and assistant service manager in an auto/truck repair; Karen, 20, is a junior at Tufts University in special education/mental health; and Kathy, 19, is a freshman in the University of New Hampshire nursing program."

Nancy Matson '55: "Our first grandchild was born in August to daughter, Debra, and her husband, William."

Joan Lippo Barsotti '56: "Living in Florence, Italy. My daughter is 22 and a second-year law student; my son, 15, is in his second year of high school."

Gwen Bissell Kimball '56: "It was wonderful to receive the picture of the reunion and the booklet which updated everyone. The dish was a lovely surprise — thank you."

Joan Shaw Reeves '56: "Currently teaching in public health nursing at the University of Illinois College of Nursing. Since January, I also have been a doctoral student in the school of public health."

(continued on next page)

Alumnae Notations

Gussie Fishel McKusick '58: "We're building a solar home in South Orleans, Cape Cod, as a family home and future retirement home. I've taken a job as nurse practitioner heading up a screening clinic at New England Medical Center."

Anna Wright '59: "My husband is resuming private practice of medicine in his hometown of Charleston, Illinois. I probably will resume my career in anesthesia."

Bertha Yager Andrews '60: "Presently working full time on a medical surgical floor at Lowell General Hospital."

Jane Frasca '60: "I have been back at NEDH for three years working full-time in the special dressing service (formerly the foot room) and loving every minute."

Virginia Knowlton King '60: "Recently released a book entitled 'Humanizing Nursing Education — A Confluent Approach through Group Process,' co-authored with Norma A. Gerwig."

Janet Phillips '60: "Currently critical care coordinator of the 200-bed community hospital in Briston, Pennsylvania."

Nancy Smith Howes '61: "Am coordinator of the program in human sexuality at the Cardinal Cushing School and Training Center in Hanover. I also have done some consulting guest lecturing at Northeastern University, and I write a biweekly column for the local paper. I soon expect to be involved in conducting parent training groups."

Mary Bradley Hill '63: "Am teaching nurse assistant at our local hospital. I continue to appreciate my Deaconess education."

Joyce Hilt Miller '64: "We are in Georgia for my husband's new air force assignment. Received my associates degree towards my goal of obtaining a bachelor's of science in nursing (BSN) goal, and last April gave birth to our third child, second daughter, Jessica Elise."

Janet Steel Lander '65: "I have returned to bedside nursing after a 16-year absence. Being back is a real challenge and learning experience. I am working on an acute medical floor which is also a telemetry and step down unit from the intensive coronary care unit at Windham Hospital in Willimantic."

Rosalie K. Dionne '66: "I married Paul, who is a nurse anesthetist with our anesthesia department at NEDH. I am still working as a staff nurse in the recovery room."

Hazel Constantine Gull '67: "I had the exciting opportunity to go with a group of nurses to the Soviet Union for 15 days. We saw many of their medical facilities."

Diann Dunn Johnson '67: "Am presently working for the Visiting Nurses Association and am really enjoying community health. Also, after 15 years, we expect our first child in March."

Susan Cowels '68: "I graduated in May with a BSN from Fitchburg State College, and am currently a registered nurse with the Head Start program."

Patricia Selin '69: "For the past few summers I have loved working as camp nurse at a local Girl Scout camp. I enjoyed a refresher course at Memorial Hospital in Worcester, and plan to work part-time."

Margaret Mayo '70: "We have been stationed in Mayport, Florida for a few years where Dick is chief staff officer on a destroyer squadron. Son, Dick, is 3-years-old, and we are hoping to add a little girl to our family this year."

Linda Hale '71: "After nine years in an intensive care unit, am now the in-service instructor."

Brenda Griffin '71: "Have received my BSN from Northeastern University."

Shirley Field Fisher '71: "For the past eight years I have been living in New Hampshire and love being in the country. Have worked in hospitals, mostly in specialty areas, and lately am a fulltime visiting nurse."

Pamela Wicks Kelly '71: "My term with Indian Health Service is through, and Michael and I have purchased a five-acre ranch in Bend, Oregon. We have plenty of space for the horses, dogs and cats; a house to fix up; and enough land to eventually help us become a little less dependent on consumer goods. I'm planning to work at St. Charles Hospital in Bend, hopefully in intravenous therapy."

Katherine Tracy Piechate '71: "Am currently the head nurse in the emergency room at a local hospital. I enjoy my work and still find nursing very rewarding."

Joyce Cheney Weber '71: "Am now assistant director of nursing at the Charlotte Hungerford Hospital in Torrington, Connecticut, in charge of: obstetrics/gynecology, newborn nursery, emergency department, intensive coronary care unit, operating room and recovery room."

Judi Rutherford '71: "After nine years in an intensive coronary care unit, am now the inservice instructor."

Alice Brown '72: "Greetings from the Philippines. Thanks again for your interest and support of my ministry. One of the courses I taught this semester was "health" since medical knowledge is so lacking, even about basic personal health, nutrition and first aid. There is so much I need to know about local beliefs as most of the Philippinos attribute disease to the spirits. I am trying to fulfill my CEU requirements through correspondence courses."

Cheryl Streeter '72: "Have returned to Sarasota, Florida. It's a pleasure living near family again. I am enjoying my new job as assistant director of the emergency department. I'm responsible for supervision of the 4–12 p.m. shift, also education and certification of the staff."

Jean Cox '72: "Am teaching operating room techniques at a technical institute."

Lorraine Rhodes Fournier '72: "We have moved to Holliston. I'm working at Newton-Wellesley Hospital in the intensive care unit."

Cindall Morrison '72: "My husband and I are still working on the Navajo reservation. I am a part-time midwife and spend the rest of my time caring for Emma, who is nearly two. We expect our second child soon."

Norma Bernard Ritchie '73: "Am still working part-time as prenatal clinic nurse. Our little girl is three-years-old and we are expecting our second in the late spring."

Janet Carlin Luba '73: "Am the owner of J.C. Glassworks, a stained glass studio gallery in Guilford, Connecticut. We also sell supplies in stained glass, and give classes in the art."

Joy Page '73: "We are now living in Newburg where my husband, Greg, is a manager for Federal Express. Have just started work again as an activities director at an adult rest home, where I can bring Brian, age five, and Elizabeth, two, to work with me."

Lauren Carlson '75: "Completed my bachelor's of science at Seton Hall University. Son Allan Randall Erickson, is now one-year-old."

Elaine Gulanowski '75: "I have been working several years as an occupational health nurse for an international engineering corporation in New York City focusing on preventive health."

Bonnie Magone '75: "Now living in Long Beach, California and working in an operating room at Memorial Medical Center. I am planning to attend college for my BSN.

Susan Kallman Waldman '76: "Daughter, Lindsay Cara, is now five-months old and beautiful. I am in the process of forming a prenatal exercise class and hope many expectant mothers will benefit from it."

Kate Aldrich '76: "I recently moved to Southern California, and am working part-time in an intensive care unit. I would like to get in touch with Susan Kallman and Suma Nestor."

Joanne Welt Williams '77: "I am enjoying full time homemaking with my 16-month-old daughter, and awaiting our second child due mid-April. Hope to see more of my classmates on Alumni Day next November."

Susan Bartulevicius '78: "I am working in the pediatric intensive care unit at Rhode Island Hospital, and attending Salve Regina College in Newport part-time for my BSN."

Phyllis Smith '78: "I am presently the 3–11 p.m. patient care coordinator of a 5-bed intensive care unit, and working towards my BSN at Southern Illinois University in Edwardsville, Illinois."

Cheryl Kershaw '79: "In May 1981, I moved to New Orleans to work and continue studying for my BSN."

Christina Bond Sokoloff '79: "Attending Salve Regina College part-time to obtain a BSN. I work on-call in the intensive and coronary care units in the Miriam Hospital in Providence, Rhode Island. I am also secretary of the Childbirth Education Association of Rhode Island."

Helene Conti '79: "I am presently working in the east wing of NEDH Diabetes Treatment Unit."

Class of '32 contributes to SON during reunion

On June 16, twenty-one members of the Class of '32 held a reunion and reminisced over the life and times of "our days" as student nurses, and the changes wrought by the passage of 50 years since that memorable evening in May of 1932 when we received our diplomas at the hands of Mabel McVicker!

Our day started with a coffee hour at the Nurses' Home, hosted by the NEDH School of Nursing. I presented Ellen Howland with a check for $600 on behalf of the members of the Class of '32, the monies to be used at the discretion of the administration for student aid. Later donations brought the grand total to $645!

Alice Crabiel Crosby (l), president of the Class of '32, presents Ellen D. Howland, director of the School of Nursing, with a check from the class to the school's nursing scholarship fund. The total gift from the class was $645.

We then caravanned to the home of Dodie Peterson Souders in Wellesley Hills, for a social hour before adjourning to the Weston Golf Club for luncheon. The consensus of those attending was that we would attempt another "get-together" in conjunction with the alumnae reunion in 1983.

Those in attendance were: Beatrice Barnard McLeod, Esther Blood Calvert, Edna Carlson Gustafson, Mary L. Crawford, Elizabeth S. Curtis, Marion Dickey Chaplin, Marion Dyson Rugman, Evangeline Foote Pugsley, Helen Nyberg Hauck, Sigrid Hellmer Geary, Dorothy Huskins Hutchinson, Eleanor Ingalls Jenson, Della Josselyn McCall, Edna Paine Cohee, Ruth Norton, Dora Peterson Souders, Marjorie Pike MacAskill, Doris Sallis Holt, Elizabeth Wells Agurkis and Eldora Whitten Tobey.

Submitted by:
Alice Crabile Crosby
President, Class of '32

Operating room nurses provide a glimpse into the past

The operating room nurse's role in surgery and patient care has expanded tremendously since the opening of the Deaconess Hospital in 1896. Representing a nurse from that era during the surgical services open house was Michell Mona, a senior at the NEDH School of Nursing, who wore a nurse's uniform from the early 1900s.

In celebration of National Operating Room Nurse Day, the NEDH Department of Surgical Services invited Deaconess staff members and patients and their families to an inside view of the operating rooms during an open house in the Farr 5 surgical suite on November 15. More than 100 guests viewed exhibits on operating room (OR) nursing, a set up for an eye procedure and a simulated heart operation.

Coordinated by Norma Allen, RN, OR unit instructor, and Carlene Bane, RN, OR unit teacher, the evening's theme was "Operating Room Nursing: Past and Present."

"Operating room nursing has changed radically during the past ten years," explained Allen. "We wanted consumers to know about our expanded role in patient care, referred to as perioperative nursing," she continued. "We are patient advocates concerned with the total physical and psychological well-being of the surgical patient, therefore, we have brought the nursing process into the operating room."

When nurses entered the early operating rooms at the Deaconess, they sterilized and organized surgical instruments and suture materials, and moved deftly throughout the room, making sure everything was running efficiently.

During the surgical services open house, Dr. M. Zafer Wafai (l) NEDH/Joslin ophthalmologist, simulates a cataract extraction, intraocular lens implantation and a vitrectomy (removal of the vitreous fluid located between the eye's lens and retina, followed by replacement with a solution).

OR nurses no longer need to sterilize instruments — that is done by the central processing department — but they do operate complex machinery, such as the heart-lung machine (which takes over the function of the heart during heart surgery). Their primary focus, however, remains on the patient. OR nurses: assess patients before surgery, which helps allay their possible fears about surgery; formulate a nursing care plan that is implemented during surgery; and evaluate the patients' nursing care after surgery.

Dialysis costs *(continued from page 5)*

pected to adjust easily to homedialysis, or to do well at independent dialysis centers.

This distinction between medically "stable" and "unstable" patients is especially important for the Deaconess since, at any given time, over 80% of its dialysis patients have diabetes as well. These medically "unstable" patients generally require more intensive physician and nursing care, additional supplies and more frequent hospital admissions to treat diabetes-related medical problems.

"Many times, we have tried to send our patients to an independent center, only to have them come back to us destabilized," explained Lilley. "In the end, we are not saving money for the health care system, or the government, and we certainly are not improving the patient's health." HCFA currently is reviewing proposals for adjusting its rate structure to more adequately reflect the true costs of providing dialysis treatment.

Meanwhile, hospitals are taking a closer look at their dialysis programs. "Hospitals always will lose money on dialysis services — we have to support the program through cross-subsidization," Lilley explained. "Our dialysis program is an integral part of the Deaconess operation due to our affiliation with Joslin Diabetes Center and because of our extensive transplantation program. We cannot eliminate it."

Trying to trim expenses of a service which traditionally has never shown a profit, or broken even, seems to be an impossible task on the surface. The NEDH dialysis program budget is monitored closely by a committee of Deaconess administrators and dialysis staff members. Unit nursing staff requirements are balanced according to patient needs — in the case of dialysis, a crucial time is when patients "go on and off" the machines. By staggering the patients' schedules at half-hour intervals per shift, nursing care is more evenly distributed. In addition, licensed practical nurses and technicians perform certain unit functions under the supervision of registered nurses, who are then freed to concentrate on patients who need more extensive care. The staffing changes have enabled the hospital to maintain quality care while achieving cost-savings.

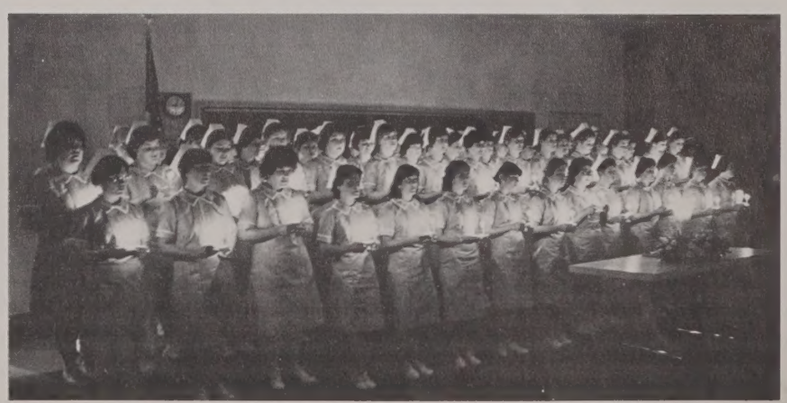
Dialysis supplies, which represent a major part of the treatment's expense, are reviewed constantly in an attempt to substitute less expensive but equally effective items or to safely recycle certain supplies. Boston area hospitals currently are discussing the feasibility of bulk ordering dialysis materials as a group, as they do now in various other supply areas.

Hometraining programs, a popular cost-saving suggestion of regulators and legislators, do save money and can be psychologically beneficial for patients and their families. The Deaconess presently is training 20 patients a year. Although the majority of these patients have diabetes, they are able to dialyze safely at home. Lilley cautions, however, that the answer to ESRD's financial woes is not to push dialysis patients indiscriminately into hometraining.

"We do hometraining successfully with selected patients because of our emphasis on patient education and careful monitoring by physicians and nurses," said Lilley. "It is a very practical and rewarding program, but it is not *the* solution to controlling high dialysis costs."

Candlelighting ceremony introduces students to nursing tradition

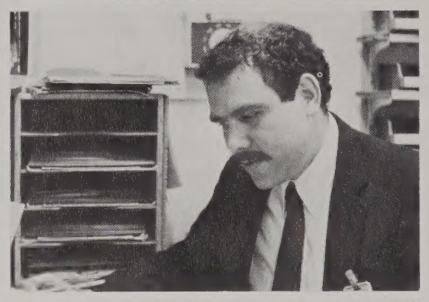
Associate Director Ellen D. Howland, director of the School of Nursing (SON), formally welcomes first-year nursing student Jill R. Grover into the nursing profession as Helen M. Fogarty (l) lights a candle during the school's annual candlelighting ceremony held in Howland Auditorium on October 15. Wearing their student nursing uniforms for the first time, 75 first-year students carried candles in holders believed to replicas of the lamp used by nurse Florence Nightingale during the Crimean War. The candle symbolizes the nursing profession's past, the flame its continuing vitality. The candlelighting ceremony is designed to enhance the students' identity with the nursing profession and emphasize SON's philosophy of combining professional skills with compassion in providing quality patient care.



Promotions announced in three departments

Joanne Wade, RD, has been appointed assistant director of dietetics for education and director of the dietetic internship program. Wade joined the Deaconess dietetic staff in 1974 after completing her dietetic traineeship at the hospital. Since 1975, she has been a dietitian specialist for hyperalimentation and the nutrition support service.

Rita M. McNulty has been promoted from administrative supervisor to assistant director of administration for the department of surgical services. In her new position, McNulty is responsible for department fiscal affairs, special projects and supervision of secretarial personnel.



Frank Condella has been promoted from staff pharmacist to assistant manager of pharmacy/IV therapy. He oversees the operational functioning of the pharmacy, which includes personnel, fiscal management, development of computer systems and pharmaceutical distribution. Condella began working at NEDH as a co-op student from Northeastern University in 1975. He became a staff pharmacist two years later upon receiving his bachelor of science degree in pharmacy.

Students graduate from radiology program

Students from the radiologic technology program, sponsored by Northeastern University's Center for Continuing Education in collaboration with the Deaconess, celebrated their graduation on October 15. The 28-month program provides theoretical study at Northeastern, and practical clinical training at the Deaconess or at other Massachusetts hospitals. Graduates receive an associate in science degree and are eligible to take the National Registry Examination for certification as radiologic technologists. The program is fully accredited by the Committee on Allied Health Education and Accreditation, and the American Registry of Radiologic Technologists. The graduates are: (above photo, l-r) Cynthia Poyant, Linda Chinsen, Jeanne Sneyd, Rosemary Blanks (educational coordinator), Terri Alves, Renee Guttmann. Sneyd and Alves have joined the Deaconess radiological staff.

News in Brief *(continued from page 2)*

The symposium is sponsored by 70 universities, health care and research organizations, government agencies and special interest societies throughout the United States and Canada.

Operating Room Nurses **Marilyn Johnson, Karen Krock, Mary Le Faivre, Meryle Lemeshaw** and **Nancy Miller** recently were acknowledged for professional achievement by the Association of Operating Room Nurses (AORN) National Certification Board. Certification requires working as an operating room nurse for at least two years, passing an examination of patient care, and receiving good evaluations from two peers. The AORN has more than 28,000 members nationwide.

Harry Bailey, MD, a staff radiologist who is on military leave of absence with the United States Navy, has been appointed director of the residency training program in diagnostic radiology at the Naval Regional Medical Center in San Diego, California. Comprised of 30 residents and fellows, the San Diego program is the largest in the U.S. Armed Forces.

Drs. George L. Blackburn, director of the nutrition support service, and **Albert Bothe,** associate director, conducted a one-day course on nutritional support of the critically ill patient for 100 attendees on November 17 in Joslin Auditorium.

Faculty from the nutrition support service and dietetics and hyperalimentation departments, along with faculty from Massachusetts critical care facilities and Frank Cerra, MD, from the University of Minnesota Hospital nutrition support service, discussed nutrition support in the intensive care unit, cardiorespiratory failure, stress, head injury/coma and liver and kidney failure.

The **Sixth Annual Deaconess-Faulkner Anaesthesia Lecture** was held on September 21 in Joslin Auditorium. More than 50 physicians from teaching hospitals in the Boston area heard E.S. Siker, MD, chairman of the anaesthesia department at Mercy Hospital in Pittsburg, speak on "The Current Status of Balanced Anaesthesia" (anaesthesia that uses several agents, each accomplishing a specific goal, instead of using a single agent).

Members of the Deaconess medical staff have agreed to participate in a year-long lecture series as part of a continuing medical education arrangement with the Springfield Academy of Medicine in Holyoke, Massachusetts.

Arranged through the **NEDH Department of Surgery,** the series will cover topics including: cancer; angina (pain due to degeneration of arteries resulting in not enough blood to the heart); invasive radiology; morbid obesity; collagin (connective tissue) diseases; cardiopulmonary disease; aminoglycosides (antibiotics used in very serious infections, particularly in hospital patients); endoscopy (insertion of an illuminated optical tube into body to examine a body part); thyroid disease.

Founded in 1907, the Springfield Academy of Medicine is the oldest medical education organization in western Massachusetts. It has been established as the official educational arm of the Hampden District Medical Society, and its membership is composed of physicians, allied-health professionals, hospitals and health-related corporations. The lecture series is held in Providence Hospital in Holyoke.

J. Lynne Ometer, RD, assistant director for patient nutritional care, and **Margaret S. Oberfell, RD,** former Deaconess oncology dietitian, co-authored an article entitled "Quality Assurance: I. A Levels of Care Model and II. Applications of Oncology Standards Against a Levels of Care Model," which was published in a recent issue of the **Journal of the American Dietetic Association (JADA).**

In the September issue of JADA, renal dietitian specialist **Susan Levine, RD,** published an article, "Nutritional Care of Renal Patients with Diabetes." Levine also was elected recently to serve as chairperson-elect of the council of practice of the Massachusetts Dietetic Association.

Establishing an identity separate from a machine and illness (see page 1)

The tributes to Natalie Tompkins continue! (see page 3)

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